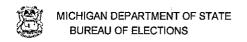


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE				•
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statemer	nt covers From	14,2010 to Octo	oer 17, 2010
1. Committee I.D. Number	4. Candidate L.	ast Name	First Name	M.I.
150510	RIVAY	d	MIChael community Served (If applica	G.
2. Committee Name	l 🚗 :	^		* * *
The Committee to Elect	1	~ /	ad Commis	551001
Mike Rivard for Roads	<u> </u>	sidence Bay		\$ ·
5. Committee's Mailing Address		ame & Residential Addre	ess	
840 N. Garfield Rd	Mike	Rivard	. 1	
Linwood, MI 48434	1	N. Garfie		
000 070 5705	I UNW	rood, MIL	1505Y	
Area Code and Phone 989 - 879 - 5085				
if the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Pho	one 989-87	79-5685	
7. Treasurer's Business Address	8. Designated R	ecord keeper's Name an	d Mailing Address (If the co	mmittee has a
840 N. Garfield Rd			. X8	8
Linwood, Mi 48434				2 212
	·			
000 0-0 -05	•			
Area Code and Phone 989 - 879 - 5185	Area Code and F	hone		<u>36</u>
9. TYPE OF STATEMENT		[
9a. Pre-Election OR 9b. Post-	Election	9c. Annual Staten	nent (Coverage	Ye ar)
	-	9d. Amendment to	Campaign Statement (Com	niete item 9a 9h 9c
Pre-Election or Post-Election Statement relates to:			e which Statement is being	
Primary	eral	9e. Dissolution of C	Candidate Committee	
Convention	ool	Effe	ctive Date of Dissolution	
			,	
Special Cauc	us		We certify that the committee	
Date of Election, Convention or Caucus			ding late filing fees. Further e granted, that this be cons	
November 2, 2010		the Reporting Waiver.		
	ļ	1B and the Summary Pa	residual funds must be replage.	orted on Scredule
A committee that does not have a Reporting Waiver must file all req Schedules. Direct contributions, in-kind contributions, loans, expen-	uired Campaign S	tatements. The Campain	gn Statements must include	all applicable
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change	d since the informa	ation was shown on the c	committee's Statement of Or	ganization, an
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change amendment to the Statement of Organization should accompany this before the filling deadline of a required campaign statement, the	s campaign state	ment cannot be waived	keporting waiver is not r i.	eceived on or
10. Verification: \(\)\(\)\(\)\(\)\(\)\(\)\(\)\(the preparation of the preparati	f this statement and attac	thed schedules (if any) and	to the best of
Current Treasurer or NA	. 1//	1/1/-/	1/	
Designated Record keeper MICNACIA KIVAY Type or Print Name	Signature	bent I	Date Date	3/1D
Type of This Hadis		$\cap \cap \cap$	()	,
candidate Michael G. Rivard	While	Man !	Date 10 20	10
Type-or-Print-Name	Signature			



SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number 150510
The Committee to Elect Mike Rivar
2. Committee Name + Cor Roads

RECEIPTS	Column I	Column II
	This Period	Cumulative this election cycle
3. Contributions		·
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>544.00</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations	27000	
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>J 100</u> .	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>635.79</u>	·
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>635.79</u>	
16. Amount expended during reporting period	(16.) - \$ <u>544.00</u>	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>91.79</u> *	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number	120210		A * 1
The Comm	itee to E	stect Mike	Rivard
Committee Name	for Road	5	

	committee Name
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1 Name Bay Co. Democratic Party (Address Bay Cuty M1	Fundraiser Trap Date \$50.00 Fundraiser Trap Date Click Here for Memo Itemization Type Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Name Bay Co. Clerk Address 515 Center Avenue Bay City, MI 43708	Purpose Mailing List Date SID.00 Date DISK Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3 Name White Tails Unlimited Address	Purpose (Advertising) Click Here for Memo Itemization Type Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Name Committee to Elect Dennis Pointer Address 1265 Orchard Essexville, M1 48732	Fundraiser 9/30/10 \$51.00 Purpose: Date \$51.00 Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5 Name Bay Caty Rotary Club Address Bay Caty, MI Fund Raiser	Rotary International Night 10/14/10 \$ 130.00 Purposet Undraiser Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)

Page _____ of ___

Enter this total on line 8a of Summary Page

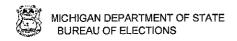


ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number	150510	
The Comm	ittee to Elect V	like Rivard
2. Committee Name	for Unada	

3. Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date 6	. Amount
Expenditure #1 Name Bay City Rotary Club AddressBay City M1	Purpose: Donation)	s <u>145.00</u>
Fund Raiser	Click Home Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo Iten	mization Type
Expenditure #2 Name Address	Purpose:	\$ Date	\$
Fund Raiser	Click He Check box if this expenditure is payment of debt or obligation reported on previous	ere for Memo Item	nization Type
Expenditure #3 Name	statement	Date	\$
Address Fund Raiser	Purpose: Click He Check box if this expenditure is payment of debt or obligation reported on previous	ere for Memo Item	nization Type
Expenditure #4 Name	statement	\$	
Address	Purpose:Click He	re for Memo Item	nization Type
Fund Raiser Expenditure #5 Name	debt or obligation reported on previous statement		
Address	l 	Date re for Memo Item	s nization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement Subtota	I this page	15.00
	Grand Total of all So (Complete on last page o	hedules 1B of Schedule)	44.00

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 150510
The Coonmittee to Elect Mike Rivard

CANDIDATE COMMITTEE 2. C	ommittee Name	r Roads		
This Schedule itemizes: a Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.)				
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	Loan to 4. Type: Committee	<u> </u>		-
Michael G. Rivard 840 N. Garfield Rd	5. <u>Date Debt Was Incurred</u> : <u>5-13-08</u>	<u> </u>		œ.
Linwood, M1 48434	6. Original Amount of Debt:	<u> </u>	\$	FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by: Michael G. Rivard 840 N. Garfield Rd Unwood, MI 48634	4. Type Dept Was Incurred: 5. Date Debt Was Incurred: 7-7-10 6. Original Amount of Debt: \$700.	\$ \$ \$ \$	\$	\$FORGIVEN
If hard local manner of analysis of any local party		\$		
If bank loan, name of endorser or guarantor: Debt #3 Corp? Yes Owed to or by:	4. Type: 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : \$	\$ \$ \$ \$	nount Endorsed: \$	\$FORGIVEN
If bank loan, name of endorser or guarantor:		Aı	mount Endorsed: \$_	A
		Page Subtotal	(Outstanding doht)	P3,700.00

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.